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EFFECTS OF A HOSPITAL MERGER ON THE SOCIAL CLIMATE OF NURSES

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ABSTRACT

THE EFFECTS OF A HOSPITAL MERGER

ON THE SOCIAL CLIMATE OF STAFF NURSES

by Shelly Quint

This thesis addresses the topic of changing work environments of staff nurses as a result of a hospital merger. The particular aspect of the nurses' work environment explored during the merger process was the social climate or "personality" of the organizations involved. The purpose of the study was to examine how nurses perceive their changing social climates during a merger in order to provide health care managers information for future planning and implementation of this kind of organizational change.

The study was conducted in two phases. Staff nurses completed a questionnaire before and after the merger for a comparison of their perceptions of changing social climates at work. Data indicated that certain areas of the nurses' social climate were perceived differently by the nurses as a result of the merger. The study implies that managers of health care mergers may need to be more sensitive to changes in certain areas of staff nurses' social climate during this type of organizational change.

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Chapter 1

INTRODUCTION

Health care organizations are currently experiencing an increased awareness regarding the influence that their internal and external environments may have upon their viability as organizations. Survival of these types of organizations mandates that not only is it important to be cognizant of environmental forces, but that appropriate responses must be made to them (Scott, 1987). Health care organizations, which once held closed boundaries to the consumer, can no longer afford to ignore environmental pressures that impact upon their viability as organizations due to the existing instability of their industry's market.

Within the past decade, hospitals in particular have taken actions to ensure their stability within the market of health care. Hospitals must not only look within their structures to ensure their survival, but must actively seek support externally. Such reactive measures derived from the external environment include active marketing, soliciting services, obtaining contractual agreements for third party payers, political access, recruiting and retaining employees, utilizing cost effective internal systems, as well as looking to other health care organizations in order to obtain the necessary resources that may ensure their survival in the industry of health care.

Combining health care services is the focus of this study. The merging or combining of health care facilities has become an important reaction to the economic pressures that continue to plague hospitals. Mergers, defined as the combining of two

or more organizations under a common administration, have increased dramatically over the past decade and are predicted to continue as the health care industry attempts to deal with increasingly competitive environments (Kanter & Seggerman, 1986; Kaye, 1989). Although organizations of health care have chosen a business type approach to ensure their stability and survival in today's market, high failure rates associated with mergers are evident (Fine, 1989). The lack of success for mergers in health care has been associated with the emotional impact experienced by employees undergoing this type of large-scale organizational change (Kanter & Seggerman, 1986).

Major changes in work environments during a merger can have significant effects upon employee morale, retention, and productivity; therefore, it is imperative for any merging organization to ascertain how employees perceive these changes (Kooi, White, & Smith, 1988; Moos, 1987; Napier, 1989). The working environment of any employee encompasses a wide variety of factors. Roles and associated responsibilities, rules, policies, size, and the shape of an organization are just a few examples of the components of a working environment. Organizations, like other environments, have a direct impact upon the behaviors and attitudes of their employees (Moos, 1976, 1987). Therefore, the survival of an organization is related to employee perceptions of their work environments as well as how they function within them.

Another important aspect of an employee's work environment is the social climate or the "personality" associated with a place of employment (Moos, 1987). This component of the environment consists of such factors as employee relations, work pressures, task orientations, amount of autonomy in the work, degrees of control, clarity, creativeness, and physical comfort in the work setting. This study focuses on the social climate before and after a merger because changes in the social climate of a work environment may dramatically affect the productivity outcomes of an organization such as employee performance and efficiency levels. The success of any newly created organization resulting from the merging of different social work climates depends upon creating a unique personality for the work place that is consistent with the employees' perceptions and attitudes, thereby fostering productive and positive outcomes for the newly created organization.

Background

This study focuses on two separate organizational structures which provided health care services to the pediatric population in northern California. For years, these facilities independently offered health care services to both inpatient and outpatient children. Although these organizations were only one mile apart, their focus and delivery of care were distinctly different. The first organization, a childrens' hospital, specialized in the care of inpatients with chronic diseases and disabilities, as well as providing outpatient services. Patient acuity reflects the complexity and time for nursing care that a patient will require (Cleland, 1990). The

acuity levels at this hospital were considered low. The pace of work at this facility was somewhat relaxed and staff relationships informal.

The second health care setting for childrens' services existed within a major university hospital system. The perinatal region within the hospital provided services for the acutely ill child. Units included in this study from the perinatal region were the Neonatal Intensive Care Unit (NICU), Intermediate Intensive Care Nursery (IICN), Pediatric Intensive Care Unit (PICU), and Pediatrics (PEDS). The acuity of patients was higher at this hospital due to the intensive care services it provided for children. The work pace remained fast and relationships were formal due to the complex structure of the large university hospital.

The two organizations functioned under separate administrations, yet existed in a symbiotic type of relationship. Constant communication between the facilities was necessary for the delivery of health care to all children as the acutely ill needed specialized nursing care related to chronicity, and as the chronically ill children became more critically ill, or required the surgical services offered by the large university hospital. Fragmentation of services with the inevitable waste of time, energy, and expenditures resulted from dividing the services. The solution to resolving the apparent inefficiencies in patient care delivery systems as well as easing economic pressures was to merge the childrens' hospital with the perinatal region of the university hospital into a separate and unique childrens' hospital.

In June 1991, a new childrens' hospital was formally opened. This newly created organizational structure combined the services and working environments of the two hospitals under a single administration. The goals of combining the two distinct organizations were cost savings and the opportunity to provide a more cohesive approach to health care for children.

Statement of the Problem

Although the number of mergers in health care has escalated over the past decade, little research has examined the perceived changes in work environments that are inevitable with large-scale change. Kaye (1989) indicates the need for further inquiry into the human impact experienced by a large-scale change such as the merger in order to facilitate successful outcomes for a new organization. In addition, Marks (1982) elaborates that without sufficient research into the human experience associated with a merger, managers of health care organizations do not have a sound basis for their decision-making during these critical times. It has been estimated that as high as ⅓ to ½ of all health care mergers have failed due to lack of understanding about the issues of human response and changing work environments (Fine, 1989). Kanter and Seggerman (1986) further stipulate that high failure rates in health care mergers can be directly attributed to a lack of sufficient attention towards the more human aspects associated with a transitional process such as employee relationships and satisfaction levels.

Although the failure of mergers in the past is evident, future trends in health care indicate that mergers will continue as hospitals must face increasing competition and other various environmental pressures. Cherzkov (1987) reported a national survey of hospitals that indicated as many hospitals are considering undertaking a merger as already have done so. Therefore, it is a fair assumption that high failure rates in health care resulting from the merger process will continue until more is understood about mergers, especially the work environment created by this organizational change.

The impact of nurses' changing work environments can directly affect the outcomes of a hospital during a merger since nurses are the largest work force (Kooi et al., 1988). Nurses' productivity, morale, and retention are directly influenced by the environments in which they work; therefore, the economic impact for hospitals can be great (Kooi et al., 1988; Napier, 1989). As a component of work environments, Moos (1976) stipulates the importance that social climates have upon the viability of any organization. Therefore, the social climates of nurses' work environments can influence the economic outcomes for the hospital setting.

Kooi et al. (1988) have emphasized the importance of ascertaining the social climate of nursing staff work environments during a merger by the assessment of their attitudes and perceptions. By examining how nurses perceive the social climate of their work environments prior to and after a merger, managers may be able to make better decisions in order to facilitate work settings that are conducive to effective

employee work performance. Inquiry into the topic of nursing work environments is crucial in order to understand how any large-scale organizational re-structuring impacts nurses as a work force in the industry of health care.

Research Question

This study addresses the following research question:

How do staff nurses' perceptions of their social climate within the work environment compare before and after a merger?

Definition of Terms

1. Work environment is all of the conditions, situations, and influences surrounding and affecting workers in their work settings. This type of environment is multi-dimensional and is influenced by a number of external and internal pressures (Farley & Nyberg, 1990).

2. Social climate of the work environment is the personality of a work setting which is comprised of (a) peer cohesiveness, (b) supervisory support, (c) autonomy, (d) task orientation, (e) work pressures, (f) clarity, (g) control, (h) innovation, and (i) physical comfort, and (j) involvement (Flarey, 1991; Moos, 1976). This concept is also referred to as the social work environment.

Purpose of the Study

The purpose of this study is to compare staff nurses' perceptions of the social climate of their work environments before and after a merger. Staff relationships, personal growth, and the organization's system for maintenance and change are

specific dimensions of the nurse's social work climate that are explored. These dimensions include aspects of the social work climate such as involvement, peer cohesion, supervisory support, autonomy, task orientation, work pressure, clarity, control, innovation, as well as physical comfort (Moos, 1981). All of these components of the work environment are essential for the productive outcome of any organization and are especially sensitive during a major organizational change such as a merger. Insights into the changes experienced by nurses during a merger may elicit significant information for health care administrators involved in the merger of other organizations in order to facilitate this type of transitional process.

Significance of the Study

This study is significant for the health care industry because health care organizations are predicted to continue to merge in the future as they attempt to adapt to the severe changes in their environments (Kanter & Seggerman, 1986; Kooi et al., 1988). A lack of insight into the human impact associated with this form of large-scale change has been related to high failure rates of organizations undergoing a merger process. Since nurses are the largest work force in the hospital setting, they are particularly susceptible to the effects of a merger process. Changes in their social work environments may be related to high stress levels, insecurities, alterations in communication patterns with co-workers, decreased work performance, and a resulting decline in the financial and operational status of an organization (Marks & Mirvis, 1985). Inquiry into this issue is essential for understanding how a merger

process directly impinges upon nurses as a work force as well as for the success of future organizations in health care.

Summary

It has been established that mergers in the health care industry will continue in the future as these types of organizations react to the environmental pressures exerted upon them. In particular, alterations in work setting social climates can influence employee satisfaction and retention as well as organizational productivity. This study is designed to investigate changes in staff nurses' perceptions of their work environments during a large-scale organizational change such as the merger process. The larger goal of this study is to provide information for the future planning and implementation of health care organizations.

Chapter 2

CONCEPTUAL FRAMEWORK AND LITERATURE REVIEW

Conceptual Framework

Rudolph Moos (1976, 1981, 1987) has done extensive research on work environments. It was from this indepth analysis of the working population that he designed a conceptual framework of the organizational work environment. To illustrate this conceptual frame work, Moos constructed a model (Figure 1) which is a

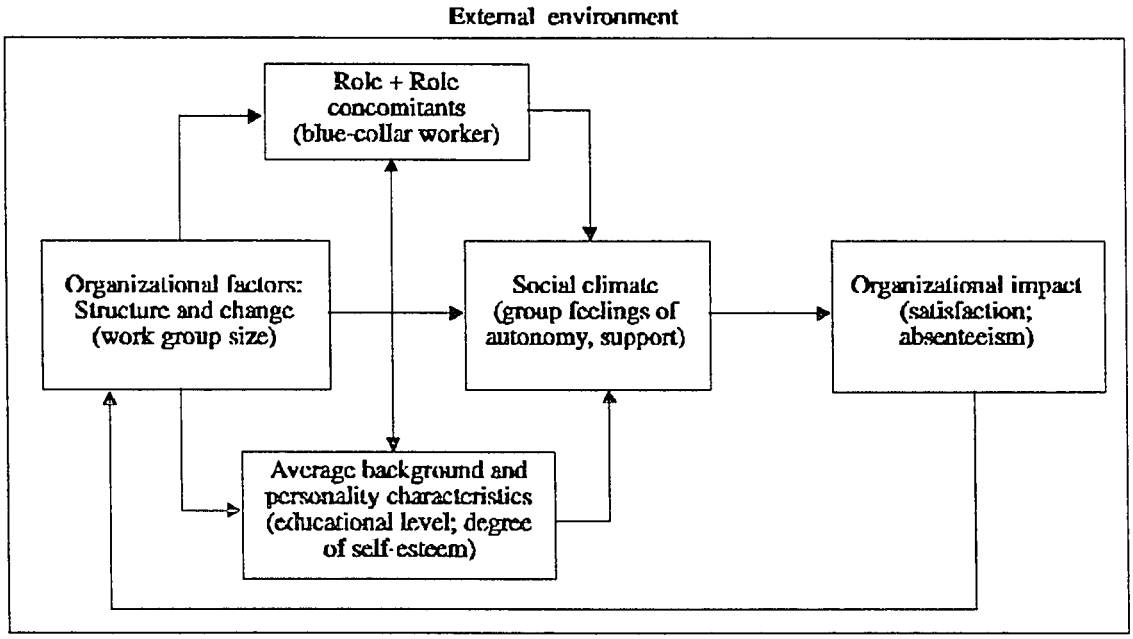

Figure 1. Model of the Relationship of Organizational Factors to Organizational Impact. Note. From The human context: Environmental determinants of behavior by R. Moos (1976) NY: John Wiley & Sons.

synthesis of the systems perspective and various organizational theory concepts. The

model incorporates internal components of the organization such as (a) organizational factors, (b) role and role commitments, (c) social climate, (d) worker background and personality traits, and relates these factors to organizational impact and the external environment.

Organizational factors include both the structure and change dimensions of an organization. According to Moos (1976), the two most thoroughly studied aspects of structure in organizations are their size and shape. The size of a work force, and the shape or structural differentiation of the work being carried out within the organization, can directly impact its internal functioning (Scott, 1987). For example, larger companies will experience a dissatisfaction among their workers unless an attempt is made to alter the shape of the organization to meet the needs of the individual. Decentralization of an organization with a large work group is just one example of how the shape and size of a company can change to impact organizational outcomes (Moos, 1976).

Organizational influence upon the behaviors and attitudes of its employees can be related to the next three components of this model: (a) roles, (b) average background characteristics, and (c) social climate. Roles as well as individual background characteristics differ within an organization. The variety among employees may influence the organization by its location and ethnic groups that are attracted to and accepted by the organization. Finally, the social climate which is created at different levels of an organization can either strengthen or inhibit certain

structural influences within the organization. Roles, background characteristics, and social climate each condition the effects produced by the organizational structure and change, thereby influencing the individual behaviors and eventual outcomes for the organization.

Moos (1976) further elaborates the importance of the external environment to the organization in his model. External environmental factors such as competition, politics, and economics as well as other components will influence the internal functioning of a company. These factors are related to how an organization is structured and how they mediate for change by influencing employee perceptions and the integration of social climates within the company.

The model infers that certain organizational factors determine background characteristics of people entering the company as well as their role positions (Moos, 1976). In addition, these background characteristics, role positions, and organizational factors all contribute to the creation of a social climate in which employees are expected to perform their daily activities for the company. The social climate is that component of the work environment that this study examines.

Social Climate

Moos (1981) speculates that environments, like people, have distinct personalities. These unique personalities make up the social climate of the environment which can have a significant impact upon the people working within it. Thus, employees themselves make plans, policies, and other organizational decisions

that may influence the environment in which they work, while at the same time the social climate helps to foster their effectiveness as a work group within the organization.

Moos (1981) recognizes that the social climate of work settings hold certain commonalities. He describes the dimensions of the social climate for an organization as (a) relationships, (b) personal growth, and (c) system maintenance and change. These dimensions are characteristics which make up a distinct personality for every organization and are pertinent to the development of a social climate.

Staff relationships are an important component of the social work environment. The amount of involvement, peer cohesiveness, and support from supervisors directly affects how the social climate of an organization is conceived. Levels of commitment and dedication to the company can directly affect the outcomes for an organization as well as the extent to which employees feel supported by each other and their supervisors.

Next, is the personal growth aspect of the social climate. This includes concepts such as autonomy, task orientation, and work pressures. The extent to which employees are encouraged to be self-sufficient and creative versus getting the job done and the urgency of the work being conducted, are all contributors to this aspect of the social climate.

The final dimension of the social environment, systems maintenance and change, includes components such as clarity, control, innovation, and physical

comfort. Clarity is the degree of knowledge that employees hold in regard to the expectations for their daily functioning at work. Control is how supervisors utilize rules and pressure to manage their employees within the organization. Innovation is the openness a company demonstrates towards variety and change. Physical comfort is that physical portion of the environment which contributes to the perception of a pleasant working environment for the employee. All of these aspects of the social climate can contribute to how well the company maintains its stability within the internal and external environments.

Moos' work environment model (1976) provides a relevant conceptual framework for this study. Mergers create changes in the social climate of both organizations involved with the change process. It is the lack of insight regarding the social climate of organizations undergoing mergers that may contribute to their high failure rates. By not addressing this human component of the work environment, the future functioning of any newly created company can not be guaranteed. In fact, Moos' conceptual framework postulates that failure may occur because the social climate for any organization directly affects its outcomes.

Review of the Literature

Most experts will agree that work environments play an important role in the survival of an organization (Flarey, 1991; Lancaster, 1985; Moos, 1976; Scott, 1987; Townsend, 1991). The health care industry has only recently become aware of how worker environments impact not only patient care outcomes, but the survival of the

hospital. A turbulent environment in the health care industry now demands more from employees with fewer resources from the organization (Kooi et al., 1988). This, in turn, impacts the largest work force in the hospital setting, nurses. Administrators of the health care industry are now becoming aware of the fact that nurses' work environments can affect productivity, morale, retention, and ultimately the viability of the organization.

The concept of environments has expanded within nursing. For instance, Leninger (1970) stressed the importance of understanding the environment as it relates to human caring as a unique function of nursing. Rogers (1970) perceived humans and their environments as co-existing energy fields. Neuman presents the environment as all factors influencing the individual, group, and community systems (Marriner-Tomey, 1989). All of these theorists are well known to nursing, and their conceptualizations of the environment in nursing care are well established.

Definitions of the environment may vary according to the level of organizational functioning being examined. Scott (1987) recognizes that every organization exists in a specific physical, technological, cultural, and social environment to which it must adapt. He defines the environment of an organization as "the source of inputs to be processed by the organization, just as it is the sink to which all outputs are delivered" (p. 19). Farley and Nyberg (1990) define work environments as "all the conditions, circumstances, and influences surrounding and affecting the individual worker or group of workers" (p. 532).

No matter how the environment is defined, most managers of organizations seek to create a climate conducive to optimal operational functioning (Gilles, Franklin, & Child, 1990; Lancaster, 1985). Lancaster (1985) discusses how a climate conducive to employee achievement must incorporate an understanding of human attitudes and motivation. Farley and Nyberg (1990) stress not only the importance of research for obtaining optimal work environments for nurses, but also the implications for nursing administration and theory advancement.

Several studies have been conducted in order to facilitate a better understanding of nursing environments. A nationwide study of hospitals in the United States was conducted in order to determine important variables in the hospital environment that attracted and retained nurses. This study, known as the Magnet Hospital Survey (Kramer & Schmalenberg, 1988a, 1988b), identified key hospitals that seemed to attract and retain nurses. Those hospitals that were identified as retainers and attractors of nurses held certain environmental commonalities. Identified elements of the nurses' work environments were open communication, supervisor support, and employee acknowledgement, all attributes of the social work environment.

Another major study involving the nursing practice environment was the National Commission on Nursing Implementation Project (NCNIP) conducted in 1987 (Farley & Nyberg, 1990). This study found that certain factors in nurses' work environments, such as control over policy making and staff working relationships, are

critical to the morale of nurses and their effective delivery of patient care. The Magnet Hospital and NCNIP studies do not claim to be generalizable as either small or select samples were used, but the studies are well respected for providing insight into the importance of nurses' work environments.

Hunnicut (1983) found in a study of 800 mental health employees that perceptions of high staff involvement, supervisory support, task orientation, as well as clarity, positively correlated with the workers' perceptions of accomplishment and low levels of mental exhaustion. Therefore, it was found that components of the social work environment influenced the health care providers' abilities for optimal functioning at their work place.

The social climate also influences nurses' perceptions of work demands. Fawzy, Wellisch, Pasnau and Leibowitz (1983) examined various social climates within five units of a hospital. Conclusions indicated that nurses' perceptions of their social work environments will influence their perceptions of work pressures and demands. It was found that nursing units with high levels of perceived autonomy, staff involvement, peer cohesion, and task orientation, were not perceived by the staff as high demand work areas.

Parkes (1982) compared social work environment perceptions and the performance levels of student nurses on various units within a hospital. The results indicated that increases in work performance can be related to high levels of perceived support. Although the study is not generalizable to all nurses, it implies

that social work environments do influence work performances and potential organization outcomes.

Job satisfaction is well known to affect employee motivation and achievement at work. Gilles et al. (1990) examine this issue by comparing nursing perceptions of the social work environment and levels of job satisfaction. They concluded that high levels of job satisfaction related to high levels of autonomy, responsibility, support, and recognition. This pilot study is useful because it raises the awareness of health care administrators towards social climate and job satisfaction and retention issues.

Employee work performance and demands, satisfaction and retention, as well as the resulting organizational outcomes, have already been established as influential variables in the social climate of health care work environments. How employees are influenced by the social climate during organizational change is not clearly defined when considering the health care industry. A lack of literature inclusive of health care and changing work environments may be indicative of the rapid and recent alterations in the structure of these types of organizations (Kooi et al., 1988). The health care industry, late in its awakening to evolutionary changes such as mergers and acquisitions, may not have had sufficient time to analyze the impact of these changes as they occurred or to prepare organizational responses that ameliorate possible adverse consequences (Kanter & Seggerman, 1986). Therefore, the literature on changing nurses' work environments is limited.

Organizational change and social work environments

The social work environment can be a stimulus for organizational change. Turnispeed (1990) analyzed the social climate of a small rural hospital due to identified problems by the staff and administrators in order to implement organizational interventions. The study lacked the follow-up analysis necessary for evaluation of the organizational changes implemented, but it demonstrated how examining the social work environments of all employees can be a stimulus for change in a health care organization.

Griffin, Alcock, Emmerson, and Quintero (1989) examined how an organizational change in an Ontario hospital impacted staff nurses. The study investigated knowledge levels and nurses' perceptions of their social work environments before and after an educational program and shift in patient populations. Results of the study reported that no significant differences occurred in the nurses' perceptions of their work environments. This was attributed to strong communication and support of the nurses by weekly staff meetings as well as daily interdisciplinary rounds which provided opportunities to discuss issues related to the change. Maloney, Bartz, and Allanach (1991) report similar findings after an organizational change. This study found no perceived change in the social environment by military staff nurses 28 weeks after supervisory role alterations were initiated. Both studies suggest that organizational change does not always alter nurses' perceptions of the social climate of a working environment.

Mergers result from the combining of two or more organizations under the joint direction of a single corporation (Kaye, 1989). Although the previously mentioned studies provide some insight into the impact experienced by nurses undergoing organizational change, the literature reveals little research on social work environments as the result of a merger. Related studies such as Ireson and Powers (1987) examine the temporary relocation of nurses in a hospital or simply describe organizational occurrences that transpire during the merger (Fine, 1989). Other authors present various strategies for implementing a large scale organizational change such as a merger (Kaye, 1989; Kooi et al., 1988). However, most authors agree that further inquiry regarding this issue is necessary for positive outcomes during a major organizational change such as the merger process (Kanter & Seggerman, 1986; Kaye, 1989; Korman, Rosenbloom & Walsh, 1978; Napier, 1989). This study attempts to analyze the changes in social climate in the work setting as a result of a merger. The specific purpose is to better understand the perceived social climate that may change as a result of a merger that may ultimately affect nurses' work productivity.

Chapter 3

METHODOLOGY

Research Design

This study is designed to investigate the research question: How do staff nurses' perceptions of their social climate within the work environment compare before and after a merger? The major goal of this study is to describe nurses' perceptions of the social climate in the work setting in hopes of identifying areas that may be amenable to change. A descriptive and comparative design was used with a two stage data collection process to measure the changes in perceptions that may have occurred as a result of the merger.

Descriptive studies are used when little is known about a phenomenon in order to gain baseline knowledge for future investigations. Cross-sectional designs are able to compare two or more groups at one point of time (Powers & Knapp, 1990). Furthermore, repeated measure designs allow for the comparison of groups two, three, or more times (Huck, Cormier, & Bounds, 1974). The study presented is considered descriptive because no attempt was initiated to manipulate any research variables. Instead, the purpose was to describe how nurses' perceptions of their social climate vary before and after a merger. The study has two stages of data collection because a comparison was made between two groups of nurses at two distinct and different times. It is considered cross-sectional because of these comparisons between the two groups of nurses at each stage of the merger. A

repeated measure design is evident because the collection of data for comparison of the groups of nurses occurred at separate times before and after the merger.

An advantage of the cross-sectional design is the potential ability to collect data on large numbers of subjects. Also, it is a simple and efficient design that can be carried out with minimal research expenditures. Disadvantages to the cross-sectional design are the inability for the subjects to serve as their own controls and the inability to suggest a cause and effect relationship. Repeated measure designs allow for the following of subjects at different times; therefore, they can serve as their own controls and increase the reliability of the study's results. Disadvantages to this design are potential confounding variables associated with the extended time for data collection, potential loss of subjects over time, and an increased researcher effort in tracking participants (LoBiondo-Wood & Haber, 1990).

Variables

The independent variable was the nurses' changing work environments resulting from the merger. The dependent variable was the staff nurses' perceptions of their social work environments as they relate before and after the merger. No attempt was made to control either of the variables as the goal of the study was to describe and compare the nurses' perceptions as they occurred.

Subjects

All staff RNs involved with the merger were eligible to participate in the study as long as they met the following criteria: (a) employed for at least 6 months prior to

the move, (b) actively employed half-time or more, (c) planned for employment under the new hospital's administration after the merger, and (d) provided direct patient care to the pediatric inpatient population. These criteria were chosen because work environment perceptions vary with the amount of time at work, length of employment, managerial and staff levels, as well as functional levels of work performed (Moos, 1987). The subjects were limited to a single work force group, inpatient staff RNs, to reduce potential confounding variables.

A total of 230 nurses met the selection criteria for the research sample. The total number of completed questionnaires for the first phase of data collection was 72, with the final sample after the second phase of data collection remaining at 50. A decrease in the sample size can be expected with any study over time (LoBiondo-Wood & Haber, 1990). The loss of 22 nurses was attributable to attrition, promotions to positions no longer requiring direct patient care, and failure of participants to provide social security numbers on their first questionnaires for the follow-up needed for participation in the second phase of this study.

Setting

The first phase of the study took place in two different health care organizations. The first setting was a long standing childrens' hospital in northern California. It consisted of four inpatient units that specialized in the care of children with chronic diseases and disabilities. In addition, this hospital provided clinic and

outpatient services. The organizational structure was somewhat relaxed and informal within this hospital.

The second setting for the first phase of this study took place in a perinatal region within a large university hospital. The units included in this region were the NICU, PICU, IICN, and PEDS. Services rendered to the pediatric population included intensive care, acute care, and surgery. The administration of this organization was more formal due to the size and structure of the university hospital.

The second phase of the study took place in the newly constructed childrens' hospital. The organization had been operational for 8 months prior to this phase of data collection. Staff at the new organization were undergoing changes at all levels of the organization. Alterations in staffing, acuity levels, patient populations, mandatory floating to other units, as well as policy changes are just a few of the many continuous diversifications in the work environment that occurred on a daily basis at the new hospital.

Instruments

The Work Environment Scale (WES) is used to assess the social climate of groups, settings, and organizations and was used as the instrument for the study being presented (Appendix A). Assessment is made by measuring how individuals see their work settings by reporting how they relate to one another, how the environment affects their growth, and how structured the environment is (Moos, 1987).

Three dimensions of the social climate of the work environment are measured by this tool. Each dimension is comprised of several subscales. The first dimension, relationships, includes aspects of the social climate such as staff involvement, peer cohesion, and supervisor support. The personal growth dimension includes autonomy, task orientation, and work pressure. The last dimension is systems maintenance and change, and includes clarity of work, control, innovation, and physical comfort.

Each subscale is comprised of nine questions, for a total of 90 questions for the entire survey. The questions represent an equal ratio of negative and positive aspects of the social climate. Form R (Realistic) of the WES was used in this study because this questionnaire assesses the present state of the work environment so that comparisons could be made before and after the merger.

The WES form R was chosen as the tool for this study because of its documented validity and reliability in depicting perceptions of employees' work environments. Over 3,000 employees were used to norm the WES form R in a number of different work settings (Moos, 1987). The validity of a tool is the extent that the instrument reflects what is actually being measured by the study (LoBiondo-Wood & Haber, 1990). The validity of the WES was established by its repeated use in a variety of health care work environments (Farley & Nyberg, 1990). Reliability has been measured by satisfactory internal consistencies for the ten subscales between .69 and .86 (Mitchell, 1985). The test-retest reliability of this tool

has been cited as low as .69 and as high as .83. Therefore, profiles of work settings appear to be quite stable for long periods of time as well as reflective of changes that transpire in the work milieu. The WES has been utilized in a variety of health care settings; therefore, it was suitable for the participants in this study (Gilles et al., 1990; Griffin et al., 1989; Hart & Moore, 1989; Maloney et al., 1991; Moos, 1987; Turnispeed, 1990).

Estimated time for completion of the WES form R is 10-15 minutes. It has been designed for the comprehension reading level of sixth grade (Moos, 1987). Therefore, RNs should have no difficulty in comprehending and completing the form.

In addition to the WES form R, the study included a demographic questionnaire designed to develop a profile of the research participants (see Appendix B). Areas assessed by the demographic tool were gender, marital status, parenting experience, years of experience as a RN and clinical field of practice, years of experience at current organizations, levels of education, and prior merger experiences.

Data Collection

The study was done in two phases in order to obtain the necessary data for a comparative analysis. Data was collected approximately 4 weeks prior to the move and once again 8 months after the merger. Phase one data collection proceeded as follows. Inservices were presented in order to alert staff as to the intent of the study, to solicit volunteers, and to offer opportunities to ask appropriate questions. The

questionnaires were distributed to eligible participants via staff private mailboxes. A 2 week interim was allowed for completion of the questionnaires, which were returned to collection containers found at a designated area on the units. Collection of the questionnaires was done on a frequent basis to prevent their overflow from the containers as well as to maximize confidentiality. The only means of identifying questionnaires was the social security number needed for the follow-up of participants in phase two of the study. Also included in the questionnaire packet were explicit directions and a consent form (Appendix C) which informed the subjects of their full rights as volunteer participants in this study.

Phase two data collection was done 8 months later in order to obtain the nurses' perceptions of their work environments after the merger. Experts in the field of organizational mergers agree that at least 6 months to a year is needed before consistency and routine can be achieved in a new organization (Bunning, 1984; Kaye, 1989).

Data collection for the second phase progressed in a similar fashion to phase one. Staff were alerted to the process of data collection through the new hospitals' computer system which enabled direct communication to all research participants. Flyers alerting participants to the study's second phase were also posted on all participating units. The WES questionnaires were distributed to staff mailboxes along with a simple questionnaire asking about job changes to non-direct patient care positions. This second questionnaire was used to assess whether participants still met

the criteria for participation in the study. Once completed, all forms were placed in a sealed envelope and then put into a container posted in designated areas of the units involved with the study. Collection of the forms was done on a regular basis. Also, confidentiality for all completed forms was maintained by their safe keeping in a locked drawer in the researcher's office outside the facilities being investigated.

Analysis

The data were analyzed using descriptive statistics, t-tests, and analysis of variance techniques (ANOVA). Descriptive statistics were used to develop a profile of the study's participants. The demographic data analyzed were gender, marital status, number of participants with children, years of experience as a RN, current area of practice experience, years worked at the organization before the merger, work shifts, levels of education, and prior transitional experiences. The demographic data collection was done in conjunction with the WES questionnaire in the first phase of the study.

According to Huck et al. (1974), the ANOVA is a statistical measure that can be used to compare group means which differ along one or more dimensions. Thus, the differences in means of a variable across groups of observations can be obtained. These authors also identify the t-test for the comparison of means for two groups. In order to answer the research question, perceptions of the nurses' social climates were compared before and after the merger using ANOVA and t-test analyses.

A mixed model design, repeated measures ANOVA, was used to compare scores for sites (nurses from the two hospitals) and time (pre and post merger). This design also computes a score for the interaction of site and time. This analysis was done separately for each subscale. Finally, t-tests were done to compare pre to post mean scores of each site separately if the subscale showed a significant difference for the combined group pre to post scores.

Limitation and Scope of Study

The study was limited by the sample, design, and data collection process. The small, non-randomized sample may not be representative of other nurses in other geographic areas or clinical specialties. The cross-sectional design and the lack of control over the variables does not allow for the inference of a cause and effect relationship. In addition, collection of the data in the work settings of the participants may influence results by their answering the questionnaires in a socially desirable way. Therefore, results of the study should be generalized with caution. Instead, the study is limited in its implications for practice to the facilities under investigation and can serve as a baseline for further inquiry into this important issue of health care management.

Chapter 4

ANALYSIS AND INTERPRETATION OF THE DATA

This chapter presents the analysis and interpretation of data obtained from the two groups of nurses concerning their perceptions of the social climate in their work environments before and after a merger. Presentations include analysis and interpretation of the two groups between sites before and after the merger, as well as comparison of these groups together during the merger. In addition, descriptive characteristics provided by the participants in the first phase of data collection are also presented.

Description of the Sample

The numbers and percentages of the demographic characteristics of the nurses participating in the pre-merger phase of data collection are presented in Table 1. The two groups of nurses are presented separately in the tables as well as in further narrative interpretation and comparison. The demographic characteristics for each group were categorized as follows: (a) personal characteristics, (b) work experience, (c) work patterns, (d) education, and (e) organizational change experience.

Perinatal region

Some of the personal characteristics presented include gender and marital status. The large majority of participants in this group were married (n=20, 64%) and female (n=27, 87%).

Table 1

Demographic Characteristics of the Sample (N = 50)

Sample characteristics	Perinatal region (n = 31) n	%	Childrens' hospital (n = 19) n	%
Personal				
Gender				
Female	27	87	18	95
Male	4	13	1	5
Married				
Yes	20	64	10	53
No	8	26	9	47
missing	3	10	-	-
Parent				
Yes	15	48	9	47
No	13	42	10	53
missing	3	10	-	-
Experience				
Years as RN				
1 - 5	7	23	5	26
5 - 10	6	19	8	42
> 10	15	48	6	32
missing	3	10	-	-
Years of experience in current areas of practice				
1 - 5	9	29	7	37
5 - 10	5	16	8	42
> 10	14	45	4	21
missing	3	10	-	-

Table 1 (continued)

Demographic Characteristics of the Sample (N = 50)

Sample characteristics	Perinatal region (n = 31) n	%	Childrens' hospital (n = 19) n	%
Years experience at organization				
1 - 5	9	29	10	53
5 - 10	5	16	5	26
> 10	13	42	4	21
missing	4	13	-	-
Work patterns				
8 hour shifts				
Days	4	13	7	37
Evenings	5	16	5	26
Nights	-	-	3	16
Rotating Day/Night	2	6	1	5
Rotating Day/Evening	1	3	3	16
missing	4	13	-	-
12 hour shifts				
Days	7	23	-	-
Nights	6	19	-	-
Rotating	2	7	-	-
Education				
Highest level				
Diploma	4	13	1	5
Associate	3	10	-	-
Baccalaureate	19	61	14	74
Masters	2	6	4	21
missing	3	10		

Table 1 (continued)

Demographic Characteristics of the Sample (N = 50)

Sample characteristics	Perinatal region (n = 31) n	%	Childrens' hospital (n = 19) n	%
Organizational change experience				
Mergers				
Yes	4	13	4	21
No	24	77	15	79
missing	3	10		

A large number of the nurses were found to have over 10 years practicing experience as a RN (n=15, 48%) with the smallest number reporting their experience as RNs between 5 and 10 years (n=6, 19%). In addition, most of the nurses reported that they had clinical experience in their current area of practice for 10 years or more (n=14, 45%). The smallest number of nurses had practiced in their current clinical area from 5 to 10 years (n=5, 16%). Many of the nurses had 10 years or more work experience at their current organization (n=13, 42%) with the second largest group reporting work experience between 1 and 5 years (n=9, 29%).

The work patterns of the perinatal nurses varied. Most nurses worked 12 hour shifts. The next pattern of work most frequently used by the nurses was straight 8

hour shifts. Rotating work patterns for both 8 hour and 12 hour shifts were the least frequently used.

A wide range of educational levels was reported with the majority of nurses graduates with a baccalaureate degree (n=19, 61%). Graduates of a diploma program were smaller in number (n=4, 13%), as was the number of nurses with associate degrees (n=3, 10%). The smallest number of nurses held advanced degrees at the master's level (n=2, 6%).

Past experience associated with large-scale organizational change was not reported by the majority of nurses. Only 13% of the group reported that they had experienced an organizational merger in their past.

Childrens' hospital

This group was fairly even in numbers as to married and unmarried nurses (Table 1). A large proportion of nurses was female (n=18, 95%) as compared to males (n=1, 5%).

Reported experience as a RN was widely distributed among the various ranges of years. The largest number of nurses had been RNs for 5 to 10 years (n=8, 26%) with the smallest number of nurses reporting 1 to 5 years of practice (n=5, 26%).

Fairly close in distribution were the reported years of experience in current areas of clinical practice. Most nurses reported that they had experience in their current areas of practice between 5 to 10 years (n=8, 42%). The smallest number of nurses reported experience in their current areas of practice for 10 years or greater

(n=4, 21%). Work experience at the current organization had the largest number of nurses in the 1 to 5 year range (n=10, 53%).

The predominant work pattern was 8 hour shifts at this hospital because 12 hour work patterns were not established. A large number of the nurses worked straight day shifts. The next most frequent work pattern was the evening shift and then straight night shifts. The smallest number of nurses worked some form of rotating shifts.

The majority of nurses were graduates with baccalaureate degrees (n=14, 74%). Nurses with master's degree preparation (n=4, 21%) were the next largest group and the smallest number of nurses reported they were graduates of a diploma program (n=1, 5%).

The majority of nurses had not experienced a large-scale organizational change such as a merger. Only 21% of the group reported that they had experienced an organizational merger in their past.

Group comparisons of descriptive data

Both groups were predominately female with a large number of married participants. The perinatal region nurses had the largest number of nurses with experience as RNs greater than 10 years. The childrens' hospital group had the most nurses in the 5 to 10 year range of RN experience.

Years of clinical experience in current areas of practice varied among the groups. The perinatal region had the largest number of nurses with clinical

experience in the 10 years or greater range. The childrens' hospital group had the most nurses in the 5 to 10 year range.

Work patterns differed among the two organizations. The predominant work pattern for both groups was the day shift. The perinatal region nurses reported that they worked more 12 hour shifts because the childrens' hospital nurses did not have this type of work pattern in their organization. Rotating shifts were reported as the least used work pattern for both groups of nurses.

In both groups, the largest number of nurses were graduates with baccalaureate degrees. The perinatal region nurses were more evenly distributed among the various levels of education and the childrens' hospital nurses all had baccalaureate or master's degrees except one person.

Experiences with organizational change such as a merger reported by the nurses was limited in number. The majority of nurses in both groups reported no experience with large-scale organizational change such as a merger.

Group Comparisons to Established Norm Ranges

The mean scores and standard deviations for each group of nurses (perinatal region and childrens' hospital) are presented in Table 2. In addition, the WES normed average ranges for each subscale are presented based upon prior research participants' responses in the health care field (Moos, 1987). The information presented in Table 2 demonstrates how the two groups of nurses compare between

Table 2

Pre and Post Mean Scores for Each Site and Normed Average Ranges for the Social Climate.

	Perinatal region (n = 31)		Childrens' hospital (n = 19)		
Subscales	Pre M (SD)	Post M (SD)	Pre M (SD)	Post M (SD)	Normed average range
Involvement	6.8 (1.9)	6.4 (2.2)	7.5 (1.8)	6.5 (2.4)	5.5 - 6.5
Peer cohesion	5.9 (2.2)	6.2 (2.0)	5.6 (1.0)	4.8 (2.2)	5.5 - 6.0
Supervisor support	6.6 (1.8)	5.9 (1.9)	5.9 (2.0)	5.5 (2.5)	5.5 - 6.0
Autonomy	6.9 (1.5)	6.8 (1.4)	6.3 (1.9)	6.3 (2.1)	5.0 - 6.0
Task orientation	6.2 (1.8)	6.2 (1.0)	6.3 (2.0)	5.8 (2.1)	5.5 - 6.0
Work pressure	5.8 (1.9)	6.2 (2.2)	5.6 (2.0)	6.8 (2.1)	4.0 - 5.0
Clarity	4.8 (1.8)	4.3 (2.1)	4.9 (1.9)	4.4 (2.0)	5.5 - 6.0
Control	4.8 (1.4)	4.3 (2.0)	5.0 (2.1)	5.0 (1.8)	4.5 - 5.0
Innovation	3.7 (2.1)	4.7 (1.8)	4.9 (2.4)	4.7 (2.4)	4.0 - 5.0
Physical comfort	2.2 (2.0)	5.3 (2.3)	3.4 (1.9)	6.3 (2.4)	4.0 - 5.0

work sites pre and post merger on each subscale of the WES as well as how each group compares to the normed average range in each phase of the merger.

The two groups of nurses scored above the established normed average range for their perceptions of involvement pre merger with a decrease in their scores into the high norm range post merger. The groups differed in their perceptions of peer cohesion. Both groups scored within the normed average range pre merger, but post merger, the perinatal region had an increase to above the norm as compared to the childrens' hospital group which scored below the normed average in this area of the social climate. The perinatal region scored above the normed average range pre merger for their perceptions of supervisory support with a decrease to within the normed average range post merger. The childrens' hospital group remained within the normed average range throughout the two phases of the merger regarding their perceptions of supervisory support.

Both group scores pertaining to perceptions of autonomy remained above the normed average range pre and post merger. Task orientation was high in both groups before the merger with only a slight decrease to the normed average range by the childrens' hospital nurses post merger. Work pressure was reported high in both groups before the merger with a further increase reported above the normed average range post merger.

Perceptions of clarity in the social climate were reported below the normed average range pre merger with lower scores evident post merger for both the perinatal

region and childrens' hospital nurses. Control was within the normed average range for the perinatal nurses before the merger with a decrease below the norm after the merger. The childrens' hospital nurses remained within the normed average range throughout the merger for their perceptions of control.

Innovation was below the normed average range pre merger for the perinatal nurses with an increase to within the normed average range post merger. The childrens' hospital nurses remained within the established normed average range throughout the merger for their perceptions of innovation. Physical comfort was below the normed average for both groups pre merger with an increase to within the normed ranged post merger for the perinatal nurses and above the normed range for the childrens' hospital nurses.

In summary, the data indicate that the nurses' perceptions of certain areas of the social climate changed after the merger. The areas in which both groups reported a decrease in the nurses' perceptions are involvement and supervisory support. Work pressure and physical comfort were increased for both groups after the merger. Clarity remained low for both groups of nurses, while autonomy remained high after the merger. The data also indicate that the nurses' perceptions of peer cohesion, task orientation, control, and innovation were not as dramatically changed for both groups as the previously mentioned areas of the social climate.

Pre and Post Merger Group Comparisons

Differences between the nurses' pre and post merger perceptions on each of the 10 WES subscales were analyzed by the ANOVA statistic. The WES subscales that showed statistically significant differences in perceptions of the nurses' social climate are depicted in Tables 3-6. Statistically significant differences were found for the following subscales: (a) involvement, (b) work pressure, (c) clarity, and (d) physical comfort. The subscales of innovation, supervisor support, autonomy, task orientation, peer cohesion, and control showed no statistically significant differences between pre and post merger perceptions; therefore, this information is not presented in the tables. The ANOVA analyses also measures the interaction between sites and time (pre and post merger). No interaction finding was significant in this study. Between site findings are also included for these four subscales.

The findings associated with nurses' perceptions of involvement in their social climates during the merger are presented in Table 3. Data indicate that there are no statistically significant differences between the perinatal region and childrens' hospital nurses as individual groups. There was a statistically significant difference found between the pre and post scores for the entire group of nurses. That is, after the merger, the nurses' perceptions from both sites decreased significantly regarding the degree of perceived concern and commitment they had towards their work. The actual pre and post merger scorers are shown in Table 2.

Table 3

Pre to Post Merger Differences for Involvement

Source	df	MS	F	p
Between site scores	1	2.97	< 1	ns
Pre to post scores	1	12.21	5.32	< .05*
Sites x time (pre to post)	1	2.61	1.14	ns

Note. * Statistically significant $p < .05$.

Table 4

Pre to Post Merger Differences for Work Pressure

Source	df	MS	F	p
Between site scores	1	.89	< 1	ns
Pre to post scores	1	15.42	5.51	< .05*
Sites x time (pre to post)	1	4.86	1.74	ns

Note. * Statistically significant $p < .05$.

The findings associated with the nurses' perceptions of work pressure in their social climate during the merger are presented in Table 4. Data indicate that there was no statistically significant difference between the perinatal region and childrens'

hospital nurses as individual groups. A statistically significant difference was found between the pre and post merger scores for the entire group. That is, after the merger, the nurses' perceptions from both sites increased significantly regarding the degree to which the pressure of work and time urgency dominated their job milieus.

The findings associated with the nurses' perceptions of clarity in their social climate are presented in Table 5. Data indicate that there was no statistically significant difference between the perinatal region and childrens' hospital nurses as individual groups. A statistically significant difference was found between the pre and post merger scores for the entire group of nurses. That is, the nurses' perceptions that the social climate of their work environment was clear regarding daily routine expectations, role expectations, and communicated policies and procedures were decreased after the merger.

The findings associated with the nurses' perceptions of physical comfort in their social climate are presented in Table 6. A statistically significant difference was found between the perinatal region and childrens' hospital nurses. The childrens' hospital nurses perceived higher levels of physical comfort than the perinatal region nurses. In addition, a statistically significant difference was found between the pre and post merger scores. That is, after the merger, both groups of nurses perceived a more pleasant working environment as it related to their levels of physical comfort.

Table 5

Pre to Post Merger Differences for Clarity

Source	df	MS	F	p
Between site scores	1	.21	< 1	ns
Pre to post scores	1	6.65	5.31	< .05*
Sites x time (pre to post)	1	.05	< 1	ns

Note. * Statistically significant $p < .05$.

Table 6

Pre to Post Merger Differences for Physical Comfort

Source	df	MS	F	p
Between site scores	1	27.99	6.22	< .05
Pre to post scores	1	213.72	41.93	< .05*
Sites x time (pre to post)	1	.32	< 1	ns

Note. * Statistically significant $p < .05$.

Further Analysis of the Pre and Post Merger

The previous pre and post merger analyses of differences were done for the combined sample. Analysis of which site (perinatal region or childrens' hospital) was

significantly different in pre and post merger scores was done by using a two-tailed t-test. Tables 7-10 present the findings from comparisons of pre and post merger scores for each site separately. Mean scores and standard deviations are also presented in the tables for each site pre and post merger.

Table 7 shows that no statistical differences were found between the pre and post merger scores for each site regarding the nurses' perceptions of involvement in the social climate. Therefore, both sites are probably contributing to the statistically significant decrease found with the combined sample. This nonsignificant finding may be due to the reduced sample size.

Table 7

Differences in Pre and Post Merger Scores for Each Site - Involvement

		Pre-merger	Post-merger		
Sites	n	M (SD)	M (SD)	t	p
Perinatal region	31	6.8 (1.9)	6.4 (2.2)	1.1	.29
Childrens' hospital	19	7.5 (1.8)	6.5 (2.4)	1.9	.07

The perinatal region nurses had no statistically significant difference regarding their perceptions of work pressure in the social climate before and after the merger (Table 8). The childrens' hospital nurses did have statistically different perceptions of

increased work pressure after the merger. Therefore, the overall groups' findings of work pressure changes in the social climate as a result of the merger can be identified as due to the childrens' hospital nurses.

Table 8

Differences in Pre and Post Merger Scores for Each Site - Work Pressure

		Pre-merger	Post-merger		
Sites	n	M (SD)	M (SD)	t	p
Perinatal region	31	5.8 (1.9)	6.2 (2.2)	-.81	.43
Childrens' hospital	19	5.6 (2.0)	6.8 (2.1)	-2.50	.02*

Note. * Statistically significant $p < .05$.

Table 9 shows that no statistically significant differences were found in either group of nurses regarding their perceptions of clarity in the social climate as a result of the merger. Although, both scores are lower, neither reached statistically significant levels. This may be due to the small sample size.

The perinatal region and childrens' hospital nurses each showed statistically significant differences in their perceptions of the work environment resulting from the merger (Table 10). Data indicate an increase in their perceptions of physical comfort in the work environment of the new hospital as compared to their previous work environments.

Table 9

Differences in Pre and Post Merger Scores for Each Site - Clarity

		Pre-merger	Post-merger		
Sites	n	M (SD)	M (SD)	t	p
Perinatal region	31	4.8 (1.8)	4.3 (2.1)	1.7	.09
Childrens' hospital	19	4.9 (1.9)	4.4 (2.0)	1.5	.14

Table 10

Differences in Pre and Post Merger Scores for Each Site - Physical Comfort

		Pre-merger	Post-merger		
Sites	n	M (SD)	M (SD)	t	p
Perinatal region	31	2.2 (2.0)	5.3 (2.3)	-5.0	$<.01$
Childrens' hospital	19	3.4 (1.9)	6.3 (2.4)	-4.8	$<.01$

Summary

This study found that the nurses' perceptions regarding certain areas of their social climate in the work place were significantly different after a merger. In addition, the study indicated that other areas of the nurses' social climate were not perceived as significantly different as a result of a merger. Comparison of the means of each group in the two phases of the merger to established normed average ranges provided a baseline look at how the merger affected the nurses. Areas of the social climate that showed statistically significant differences were (a) involvement, (b) work pressure, (c) clarity, and (d) physical comfort. The nurses' perceptions of work pressure and physical comfort increased after the merger, while clarity and involvement decreased. Other areas of the social climate that were not statistically significant in comparison pre and post merger were (a) peer cohesion, (b) supervisory support, (c) autonomy, (d) task orientation, (e) control, and (f) innovation.

In some cases, the site of the change in the nurses' perceptions was identified. The increase in perceptions of work pressure after the merger was attributed to the childrens' hospital group. In addition, both groups of nurses experienced significant increases in their perceptions of physical comfort after the merger. Finally, the decrease in the nurses' perceptions of involvement and clarity was not found to be significantly different when analyzed separately for each site.

Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

Health care organizations are now reacting to economic pressures by merging together. Minimal research regarding this type of large-scale organizational change and the impact that occurs within this aspect of the work environment has been conducted. Although the failure of mergers in the past is evident, health care organizations are projected to continue these types of organizational changes in the future (Cherzkov, 1987). Therefore, investigation into how nurses experience these kinds of changes is needed to provide managers of health care organizations with information that can help facilitate their decision-making regarding future mergers.

This study was designed to answer the question of how nurses' perceptions of their social climate in the work place compare before and after a merger. Major findings of this study suggest that nurses' perceptions of certain areas within their social climates in the work place are affected by a merger process. In addition, the study suggested that other areas may not be perceived differently by nurses before and after a merger. Therefore, administrators associated with the implementation of large-scale organizational change may need to be more aware of certain areas of a nurse's social climate during their planning and implementation of mergers in health care.

Conclusions

Involvement

One of the areas of the nurses' social climate in this study that was perceived differently after the merger was involvement. Both groups reported a decline in the degree of perceived commitment, dedication, and involvement toward the nurses' work. The decrease in perceptions of involvement by the nurses at the new hospital is not surprising. Prior to the merger, opportunities associated with the merger were made available to nurses that allowed for their participation in the move to the new hospital. This may have contributed to their perceptions of pre-merger involvement. Spirits may have remained high, as well as levels of commitment and involvement, as the nurses worked toward the common goal of organizational change. After the merger, the decrease found in the nurses' perceptions of involvement may have occurred due to the lack of opportunities offered to them to participate in organizational activities. In addition, specific organizational goals and objectives may not have been well established immediately after the merger, which may have contributed to a lack of direction and commitment for the nurses in their work milieus.

The level of impact of change resulting from the merger was phenomenal for the nurses as well as the managers at the new hospital. Perhaps the managers at the new hospital attempted to buffer the nurses' from the organizational impact associated with the merger by increasing their own levels of control over organizational planning

activities. This may have inhibited the number of opportunities made available to nurses that would increase their feelings of involvement and commitment towards the new organization.

The decreased perceptions of involvement reported by the nurses after the merger could have serious effects upon the new organization. Employee perceptions of involvement have been reported to decrease role ambiguity as well as enhancement of job satisfaction levels (Moos, 1981). Also, employee achievement motivation is stimulated by climates that encourage involvement (Gilles et al., 1990). Social climates at work that are open to creativity and allow for alternate solutions to problem-solving may provide nurses with increased morale as well as improvement in their abilities to perform. Creativity and stimulation of critical thought processes are important components of a nurse's social climate and should be fostered when at all possible.

The data collection for the second phase of the study may not have reflected the final evolvement of the organization's social climate as it related to the nurses' perceptions of involvement. At 7 months after the merger, the organization was still in a constant state of change. The nurses' perceptions may have reflected their own feelings of frustration with the new organization's management as they attempted to bring some order and routine to patient care. Managers may not have been as open to suggestions made by staff to alternative approaches due to their own feelings of being overwhelmed by the continual changes resulting from the merger. Combined,

staff and managers may have created a social climate that was not perceived by the nurses as open to involvement at the new hospital as it was prior to the merger. With time and the establishment of routine, order, and consistency within the new hospital, perhaps the nurses' perceptions of involvement will increase. If this aspect of the social climate is not perceived by the nurses as increased over time, serious organizational implications may arise.

Work pressure

Another area of the nurses' social climate that changed as a result of the merger was their perception of work pressure. The childrens' hospital group perceived higher levels of pressure associated with their jobs after the merger than the perinatal nurses. The childrens' hospital group was confronted with working in an entirely new organization that was larger in structure and complexity. The new hospital, with its different policies and procedures, may have placed an increased work burden upon all of the nurses in their first year after the merger. In addition to the pressures of work associated with larger organizations, the levels of patient acuity at the new hospital were greatly increased for the childrens' hospital nurses. New patient populations were introduced which may also have increased this group of nurses' perceptions of work pressure after the merger. A combination of the new orientation towards a larger organizational structure, higher acuity levels, as well as new patient populations, may account for the childrens' hospital nurses' perceptions of increased work pressure at the new hospital.

The perinatal nurses did not perceive the organizational change related to work pressure as intensely as the childrens' hospital group. This could be attributed to their familiarity with a large organizational structure prior to the merger; therefore, the demands related to the change in hospitals were not as significantly experienced by this group. Also, this group of nurses were accustomed to higher acuity levels and were not as impacted in their work loads by changing patient populations.

High levels of work pressure are associated with increased levels of employee stress. Nurses who work in areas of continual stress and work pressure suffer from low morale and excessive absenteeism (Flarey, 1991). Recognition of the nurses' perceptions of increased work pressure at the new hospital is needed for the instigation of proper interventions necessary to support this group of hospital employees. Strategies related to decreasing the nurses' increased stress levels and high work demands should be implemented in the new hospital as a preventative measure. Implementation of these kinds of approaches within the organization might contribute to levels of job satisfaction, employee productivity, and retention at the staff nurse level. In addition, managers at the new hospital should be especially sensitive to the childrens' hospital nurses as this group reported higher levels of increased work pressure associated with the merger.

Clarity

Clarity was perceived as decreased by both groups of nurses after the merger. It is not surprising that the nurses were unclear about what to expect in their daily

routines and communication of policies and procedures at the new hospital. The continual changes occurring at all levels of the hospital during the first 7 months after the merger inevitably decreased their clarity regarding routines and expectations associated with work. Many policies, procedures, and routines familiar to the nurses were carried forth from the premerger organizations. These standards of work performance and routines sometimes conflicted or were not appropriate to the new organization. The lack of established expectations and routines at the new hospital may have contributed to the nurses' decreased perceptions of clarity.

Change in the nurses' work environment at the new hospital was a common occurrence. This continual change may have hindered the communications necessary to provide a social climate conducive to clarity in the work place. In addition, routine and consistency in the nurses' work place may not have been established at the new hospital when the second phase of data was collected. This may have influenced the nurses' perceptions of decreased clarity in the social climate.

Achieving a balance in relation to clarity within an organization is essential to employee maintenance (Moos, 1981). Too much clarity can restrict employee development and increase their levels of tension. However, past experiences with mergers indicate that clarity in communications can be fundamental to an organization's success (Ireson & Powers, 1988; Kooi et al., 1988). Decreased satisfaction levels can occur with the lack of clarity. In addition, it has been reported that during times of low clarity in a work place, employees are more likely to report

physical symptoms (Schmitt, Colligan, & Fitzgerald, 1980). Therefore, the ultimate productivity of nurses as a work force in the new hospital may decrease if their perceptions of clarity do not increase over time.

Physical comfort

Physical comfort was perceived by both groups of nurses as significantly increased after the merger. This was to be expected when comparing the premerger facilities to the new hospital. The hospitals before the merger were old, sometimes outdated in structure, often dark, and did not contain adequate facilities such as staff lounges. In contrast, the new hospital is modern in design, open and visually stimulating, and for the most part provides the nurses with facilities such as lounges and charting rooms.

The physical comfort level of the nurses is an important factor in work performance. Positive perceptions of a pleasant and comfortable work environment will contribute to the nurses' morale, job satisfaction levels, and motivation (Flarey, 1991). The increased perceptions of physical comfort at the new hospital may contribute to the nurses' abilities to handle the daily stress associated with their profession as well as issues associated with the merger. Maintenance of the physical comfort aspect of the social climate should be continued to foster the nurses' positive perceptions in this area.

Certain areas of the social climate were not perceived by the nurses as significantly different as a result of the merger. The lack of perceived difference in

these components of the social climate may be significant for managers involved with mergers. These areas of the social climate include the following subscales: (a) peer cohesion, (b) supervisor support, (c) autonomy, (d) task orientation, and (e) innovation.

Peer Cohesion

Peer cohesion was not perceived by the nurses as significantly different after the merger. This may be attributed to the establishment of nursing units prior to the move. Staff nurses did not have to change their areas of practice and peer groups as a result of the merger. In fact, most staff remained within their same peer groups after the merger. Maintaining the perceptions of peer cohesiveness may contribute to staff nurses morale during times of organizational change. It is important to their abilities to cope with the constant pressures associated the merger and organizational change. A sense of unity and support can be generated through peer cohesiveness which can contribute to higher levels of morale and work productivity (Moos, 1981). Therefore, maintenance of this aspect of the social climate throughout the merger is an important factor to consider during a merger.

Supervisory support

Perceptions of supervisory support were not significantly different pre and post merger. The nurses continued to perceive the management at the new hospital at the same level of support they held prior to the merger. This is important to any management team dealing with organizational mergers as employees must feel

supported during times of change. Past studies reveal that employees who feel supported by their supervisors report less emotional exhaustion, higher perceptions of accomplishment, and productivity (Moos, 1981). Therefore, strategies focused upon maintaining perceived levels of supervisory support during a merger are important to employee and organizational effectiveness.

Autonomy

The nurses perceived no significant difference in the level of autonomy or freedom allotted to do their jobs. This is important during a merger because maintaining a work environment that provides the staff with the same level of autonomy that they are accustomed to will be more effective. Flarey (1991) states that perceptions of autonomy may be related to increased job satisfaction levels. Therefore, the organization's ability to maintain a sense of autonomy for the nurses in this study may increase their morale and sense of satisfaction at the new hospital. In addition, supporting the nurses in their autonomous practices may contribute to higher post merger retention levels.

Task orientation

There was also no perceived difference in how the nurses felt they were expected to get their work done in an efficient manner. The amount of task orientation that is perceived as positive by staff usually relates to the types of work being done (Moos, 1981). This is an important reflection of how the managers at the new hospital supported the nurses in their work during a time of immense change.

An example of this form of support was the fact that no initial pressure was made by the management at the new hospital to prevent over-time expenditures in order to save costs. In fact, during the study, the staff were encouraged to put in extra hours in order to carry out their jobs. No pressures were made to get things done in the most efficient manner as there were no established guidelines to facilitate this process. Once the new budget for the next year projected potentially severe financial burdens, perceptions in task orientation may increase as managers struggle to meet financial objectives at the new hospital. This was not reflected in the study as the budget was reviewed after the second phase of data collection.

Certain areas of a nurse's social climate are perceived differently during an organizational merger. However, all aspects of the nurse's social climate are important when dealing with large-scale organizational changes such as a merger. Awareness of the changes in nurses' social climate may hold significant implications that may be useful for managers of future mergers.

Recommendations

The following recommendations are based on the findings of this study as well as the literature review and conceptual framework:

1. Managers of health care mergers need to become aware of the impact that this type of organizational change may have on the social climate of nurses. Education of health care administrators regarding this topic prior to a move may

sensitize them to the human issues that are pertinent to the success of the new organization.

2. Since research into changes associated with a merger and social climates is minimal at this point, it is important that organizations measure the impact that a merger has on an organization's social climate. Therefore, it is suggested that each organization compare groups before and after the move to provide successful interventions that foster a positive social climate in the new organization.

3. Involvement of staff nurses should be encouraged throughout a merger. This could be facilitated through the formation of merger planning, implementation, and evaluation groups which include both staff and managers. In addition, providing open communication channels designed specifically for the purpose of providing staff suggestions and feedback may also foster their sense of involvement related to the merger.

4. Greater levels of communication before and after a merger are needed to increase the staff nurse's perception of clarity in the work place. Discussions at the unit level as to projected changes in routines, policies and procedures, and information networks should be done early in the planning phases of a merger and continue throughout the merger process. The increase in communication processes may help buffer the staff from some of the confusion that is inevitable during a merger. Demonstrated accessibility by nurse managers for staff feedback by frequent

meetings or forums will help to facilitate the two way communication process that is necessary for clarity in the work place.

5. Increased work pressures are inevitable during a merger at all levels of an organization. Acknowledgement and reward for staff nurses during these trying times is one way to buffer the effects of increased work pressure. Also, the formation of work efficiency problem-solving groups at the staff nurse level may elicit solutions that decrease staff work pressures. In addition, these types of groups may provide support to the nurses during the times of stress and change associated with a merger. Finally, education of the staff prior to a merger in realistic terms regarding expectations of increased work pressure may also lessen the impact experienced by the nurses.

6. Certain areas of the staff nurses' social climate did not show significant differences as a result of the merger. This may be due to the following strategies: (a) Peer cohesiveness was promoted by establishment of nursing units well in advance of the move to the new organization, as well as peer support group and activities that promoted expansion of nursing peer groups outside their units of practice. (b) Continued support of autonomy in the nurses' practice was by establishment by nurse practice councils and professional development committees. (c) Increased managerial support for the staff nurse could be done by offering 24 hour on-call support, increased availability and visibility on the units, increased communication processes that allow for staff input, and openness to staff ideas associated with the

merger. (d) Finally, support must be provided to the managers of staff nurses. This can be done by planned organizational support retreats, financial rewards for increased work efforts related to the merger, and on-going educational workshops regarding organizational change and mergers.

7. Further research is needed regarding the topic of nurses' changing social climates during an organizational merger. This study should be replicated in other health care settings using a larger sample. This would increase the amount of data for validation and generalization of the results.

Summary

This study explored the changes associated with nurses' perceptions of their social climate during a merger. Areas of the social climate that were found to be significantly different as result of the merger are involvement, clarity, work pressure, and physical comfort. Peer cohesion, supervisory support, autonomy, task orientation, control, and innovation are other areas of the nurses' social climate that were not perceived as significantly different after the merger.

Newly formed organizations resulting from a merger are dependent upon the establishment of a positive social climate. Information as to how a merger influences the staff nurse's perception of the social climate during this type of organizational change was elicited through this study. This may hold important implications for how managers may implement future mergers in order to facilitate staff nurse satisfaction, morale, productivity, as well as sufficient patient care. The viability of newly formed

health care organizations resulting from a merger may depend upon further inquiry into this important component of the work environment.

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APPENDIX A

Instrument

SAMPLE ITEMS FOR THE

WORK ENVIRONMENT SCALE - REAL FORM

by Paul M. Insel and Rudolf H. Moos

Directions: These statements are about the place in which you work. The statements are intended to apply to all work environments. However, some words may not be quite suitable for your work environment. For example, the terms "supervisor" is meant to refer to the boss, manager, department head, or the person or persons to whom an employee reports. You are to decide which statements are true of your work environment and which are false.

Involvement Scale
1. The work is really challenging.

Peer Cohesion
2. People go out of their way to help a new employee feel comfortable.

Task Orientation
5. People pay a lot of attention to getting work done.

Work Pressure
6. There is constant pressure to keep working.

Control
8. There's a strict emphasis on following policies and regulations.

Innovation
9. Doing things in a different way is valued.

Supervisor Support
13. Supervisors usually compliment an employee who does something well.

Autonomy
14. Employees have a great deal of freedom to do as they like.

Clarity
17. Activities are well-planned.

Physical Comfort
20. The lighting is extremely good.

APPENDIX B

Demographic Data Form

NURSES PERCEPTIONS OF THEIR
WORK ENVIRONMENTS
GENERAL INFORMATION SURVEY

Directions: Please fill in appropriate letters and / or answers in the space to the left of the questions.

——— 1. What is your current clinical practice area ?

A. PICU	C. ICN	E. ROTH	G. BABCOCK
B. PEDS	D. IICN	F. AUXILLARY	H. MCELROY

——— 2. How many years experience do you have in this area of nursing practice?

——— 3. How many years have you worked as a RN ?

——— 4. How many months / years have you worked at your current organization?

A. 0-6 mos	C. 1-3yrs	E. 5-10yrs	G. < 20 yrs
B. 6 mos-1yr	D. 3-5yrs	F. 10-20 yrs	

——— 5. Which shifts do you usually work ?

8 Hours -- A. Days B. Evenings C. Nights
12 Hours– D. Days E. Nights
Place a R next to your stated shifts if you rotate (ie: R, A and B)

——— 6. Is your work commitment equal to or above .5 ?

A. Yes B. No

———7. What is your highest level of education ?

A. Diploma	D. Baccalaureate in another field
B. Associate degree	E. Masters in Nursing
C. Baccalaureate in Nursing	F. Masters in another field
	G. Other

——— 8. Are you currently married ?

A. Yes B. No

——— 9. Are you a parent ? If yes, please state how many children ———

A. Yes B. No

——— 10. Have you experienced any significant transitions like the merger in your prior work ?

A. Yes B. No

———— 11. What is your gender?

A. Female B. Male

APPENDIX C

Consent

STAFF NURSES' PERCEPTIONS OF THEIR WORK ENVIRONMENTS

Experimental Subject's Bill of Rights

Persons who participate in a medical experiment are entitled to certain rights. These rights include but are not limited to the subject's right to:

- be informed of the nature and purpose of the experiment;
- be given an explanation of the procedures to be followed in the medical experiment, and any drug or device to be utilized;
- be given a description of any attendant discomforts and risks reasonably to be expected;
- be given an explanation of any benefits to the subject reasonably to be expected;
- be given a disclosure of any appropriate alternatives, drugs, or devices that might be advantageous to the subject, their risks and benefits;
- be informed of the avenues of medical treatment, if any available to the subject after the experiment if complications should arise;
- be given the opportunity to ask questions concerning the experiment or the procedures involved;
- be instructed that consent to participate in the medical experiment may be withdrawn at any time and the subject may discontinue participation without prejudice;
- be given a copy of the signed and dated consent form;
- and be given the opportunity to decide to consent or not to consent to a medical experiment without the intervention of any element of force, fraud, deceit, duress, coercion, or undue influence on the subject's decision.

INFORMED CONSENT

You are invited to participate in a study of nurses' perceptions regarding their work environments as they occur during the merger process.The purpose of this study is to reveal areas of the nurse's perceived work environment that may change or remain stable during the transitional merger. You were selected as a possible candidate for this study because of your projected participation in the Perinatal region and Childrens' hospital transition as a staff nurse.

If you decide to participate,Shelly Quint, the nurse researcher, will require completion of a pre and post merger questionnaire. The first questionnaire must be completed and returned to the researcher 6 weeks prior to the merger. Estimated time allotment for the questionnaire is 10 minutes. A follow up questionnaire of similar length will be distributed again 6-8 months after the transition. This second questionnaire is crucial for the comparison of the two work environments so participation through the total study is strongly encouraged Participant requirements are that you are a RN employed at either participating hospital for the past 6 months and will be under-going the transition to the new hospital.

The experimental risks to this study are minimal. It requires the subjects to honestly assess their perceptions of their current work environments which may be an unusual experience for some individuals. The information provided by the subjects will be confidential. Provision of your social security number is required for the tracing process needed for the follow up study post merger. All efforts shall be made to ensure confidentiality of your responses to the questionnaires. Participation in this study should in no fashion reflect upon you and your employment as a staff nurse.

Health care organizations are continually under-going transitions that impact the nursing profession. This study will address a critical component of the merger process and may provide valuable information needed for future organizational transitions. Your participation in this study will provide the data relevant to the nursing staffs' perceptions but cannot guarantee that this information will be acted upon by the administration at the new hospital. WE CANNOT AND DO NOT GUARANTEE OR PROMISE THAT YOU WILL RECEIVE ANY BENEFITS FROM THIS STUDY. In addition, no costs to you as a subject shall be incurred and no compensation for participation in this study shall be recieved.

Your decision whether or not to participate will in no way prejudice you or your employment status. Although participation in both questionnaires will provide information that may be useful, you may discontinue at any time.
If you have any questions, I expect you to ask. If you have any additional questions later, please contact Shelly Quint at (415) 796-3900, she would be happy to answer them.

All research entails some form of potential risk. In spite of all precautions, you might experience the stated potential risk involved. If this complication arises, the researcher will assist you in obtaining the appropriate medical treatment, but this study does not provide financial assistant for additional medical or other costs. [the hospital is not responsible for research and medical care by other institutions or personnel participating in this study.] You do not waive any liability rights for personal injury by signing this form. For further information, please call (415) 723-5244 or write the Administration Panel on Human Subjects in Medical Research at Medical School Office Bldg., Rm C-051, Stanford, CA, 94305. In addition, if you are not satisfied with the manner in which this study is being conducted or if you have any questions concerning your rights as a study participant, please contact the Human Subjects Office at the same address and telephone number.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION,THAT YOU HAVE DECIDED TO PARTICIPATE BASED ON THE INFORMATION PROVIDED, AND THAT A COPY OF THIS FORM HAS BEEN GIVEN TO YOU.